CASEFLOW REQUEST

JD-CV-116 Rev. 1-16

STATE OF CONNECTICUT SUPERIOR COURT

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Instructions

1. Fill out all sections and file with the court.

2. File at least 3 days before the date of the scheduled event.

Note: If the request is granted, the court will try to schedule the event for the requested date. However, if that date is not available, it will be scheduled for the next available date.

Name of case (First-named plaintiff v. First-named defendant)		_
Donna L. Soto, Administratrix of the Estate of Judicial District of		
Fairfield	Date of request	Date of scheduled event (if applicable)
Name of Judge who scheduled the event (if applicable)	11/01/2016	
The Honorable Barbara Bellis	Docket number FBT CV 15	0040400
The Honorable Barbara Bellis	LPI CA 12	- 6048103 (S
Requested Action ("X" box(es) that ap	oply and give reason(s) for request below	v)
Status Conference on or about:		
	Date	
Client/adjuster to be available by pho	ne for	scheduled on .
one in adjuster to be available by prior	Event	Date .
Pretrial on or about		
Date		
Party to be excused from	scheduled on	•
	Event	Date
X Other: Adjudication of #244.00 - Plain	ntiff's Motion for Judgment, dated Octobe	r 31, 2016
Reason(s) for request:		
Reason(s) for request.		
The parties agree that #244.00 - Plaintiffs' Mot ready at this time.	ion-for-Judgment - is ready for adjudication	n_and_that_no_additional_matters are
I agree to notify my client and all counsel of redenied, and if granted, the specific ruling of the would be asking for the requested action. All	ne court. I have told all counsel and self-	epresented parties of record that I
Signed (Person making request)	Name of attorney and juris number or	self-represented party (Print or type)
an a		411754
The person requesting the action is the:	7times of otorining	711704
☐ Plaintiff ☐ Defendant	X Attorney for Plaintiff	attorney for Defendant
Firm name (If applicable)	Address	Telephone number (with area code)
Koskoff, Koskoff & Bieder, PC	350 Fairfield Avenue, Bridgeport, CT 06	6604 (203) 336-4421
I certify that a copy of the above was mailed or del	livered on the date shown below to all counse	el and self-represented parties of record. A
sheet is attached listing the name and address of	each party the copy was mailed or delivered	to.
Signed (Individual attorney or self-represented party)		Date
AP(X)		11/01/2016
Order		
Request is	Signed (Judge)	Date
Granted Denied		

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA/

Print Form

Reset Form

CERTIFICATION

This is to certify that a copy of the foregoing has been mailed, postage prepaid, and emailed this day to all counsel of record, to wit:

For Bushmaster Firearms International LLC, a/k/a; Freedom Group, Inc., a/k/a; Bushmaster Firearms, a/k/a; Bushmaster Firearms, Inc., a/k/a; Bushmaster Holdings, Inc., a/k/a Remington Arms Company, LLC, a/k/a; Remington Outdoor Company, Inc., a/k/a

Jonathan P. Whitcomb, Esq.
Scott M. Harrington, Esq.
Diserio Martin O'Connor & Castiglioni, LLP
One Atlantic Street
Stamford, CT 06901
jwhitcomb@dmoc.com
TEL: (203) 358-0800

TEL: (203) 358-0800 FAX: (203) 348-2321

For Remington Arms Company, LLC, a/k/a; Remington Outdoor Company, Inc., a/k/a

Andrew A. Lothson, Esq.
James B. Vogts, Esq.
Swanson Martin & Bell, LLP
330 North Wabash, #3300
Chicago, IL 60611
alothson@smbtrials.com
jvogts@smbtrials.com
TEL: (312) 321-9100

FAX: (312) 321-9100 FAX: (312) 321-0990 For Camfour, Inc.; Camfour Holding, LLP, a/k/a

Scott Charles Allan, Esq. Christopher Renzulli, Esq. Renzulli Law Firm, LLP 81 Main Street, #508 White Plains, NY 10601 sallan@renzullilaw.com

TEL: (914) 285-0700 FAX: (914) 285-1213

For David LaGuercia;
Peter Matthew Berry, Esq.
Berry Law LLC
107 Old Windsor Road, 2nd Floor
Bloomfield, CT 06002
firm@berrylawllc.com

TEL: (860) 242-0800 FAX: (860) 242-0804

JOSHUA D. KOSKOFF ALINOR C. STERLING KATHERINE MESNER-HAGE